





Louisiana Shelter Registry Form

Please provide the following information: Shelter name: Physical address: Mailing address: Hours of operation: Contact number: Email address of the public animal shelter: Operator name: _____ Operator physical address: Operator mailing address: Operator contact number: **Email address of operator:**

Name and contact information for the parish or municipal animal control officer: Please provide a brief narrative description, not to exceed two pages of twelve point font, of how the animal shelter is ensuring compliance with the provisions of R.S. 3:2461 and R.S. 3:2472. (you may attach a separate form with accompanying information).	
Please indicate which met	thod used in completing the Basic Animal Matrix:
Online Manually completed form	
Please submit all forms or calendar year.	or before the first day of February of each
You may mail your complete	ed forms to:
	Animal Welfare Commission ghland Road, Ste. G- Box 237

Baton Rouge, LA 70810